



MASTER LICENSE SERVICE
DEPARTMENT OF LICENSING
PO BOX 9034
OLYMPIA, WA 98507-9034
Telephone: (360) 664-1400

UBI NUMBER

PERSONAL/CRIMINAL HISTORY STATEMENT

(For Vehicle and/or Vessel Dealer, Wrecker or Commercial Telephone Solicitor)

Please type or print clearly in dark ink. Complete all spaces or print N/A in spaces that do not apply.

PERSONAL STATEMENT		Type of license(s) you are applying for: (A copy of this form will be provided to the agency that regulates the license.) <input type="checkbox"/> VEHICLE AND/OR VESSEL DEALER <input type="checkbox"/> WRECKER <input type="checkbox"/> COMMERCIAL TELEPHONE SOLICITOR			
BUSINESS NAME: (DBA or trade name)					
BUSINESS LOCATION ADDRESS: Street or Route		City	County	State or Country	Zip Code
I AM A: <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> CORPORATE OFFICER <input type="checkbox"/> LLC MEMBER/MGR <input type="checkbox"/> MANAGER* <input type="checkbox"/> PARTNER (Check all that apply) * Manager is only needed if you are applying for a commercial telephone solicitor					
NAME: Last		First	Middle	Maiden	
SOCIAL SECURITY NUMBER:		BIRTHDATE: Month, Day and Year			
HOME MAILING ADDRESS:			City	County	
STATE OR COUNTRY	ZIP CODE	FAX NUMBER ()	HOME PHONE: ()	WORK/CELL PHONE: ()	

CRIMINAL AND CIVIL HISTORY

Have you ever been convicted of a misdemeanor, gross misdemeanor, felony, or are you subject to any currently effective injunction or restrictive court order? ☐ YES ☐ NO

If yes explain each charge fully below and attach additional sheets as needed.

Date	Charge	City, County and State	Disposition	Docket Number

Have you ever had a judgment rendered against you? ☐ YES ☐ NO

If yes explain each charge fully below and attach additional sheets as needed.

Date	Charge	City, County and State	Disposition	Docket Number

BUSINESS LICENSE AND REGISTRATION HISTORY

Do you currently have, or have you had a vehicle and/or vessel dealer, wrecker or commercial telephone solicitor license in this or any other state? ☐ YES ☐ NO

If yes, enter the license information requested below.

License Number	State	Dates	Type of business license or registration

Have you ever had disciplinary action taken against you or have you ever terminated a license in lieu of disciplinary action? ☐ YES ☐ NO

If yes, explain: _____

Is your current business structure changing? ☐ YES ☐ NO

CERTIFICATION

I certify under penalty of perjury that all answers and statements are true, correct and complete. I understand that untruthful or misleading answers may be cause for denial of a license and/or revocation of any license granted. I hereby authorize investigation of my criminal history, financial records and other sources as necessary for licensing.

SIGNATURE

X

PRINT NAME:

DATE SIGNED:

PLACE SIGNED: (City, County and State)